

*epi*TRENDS

A Monthly Bulletin
on Epidemiology
& Public Health
Practice in
Washington State

Vol. 6 No. 2

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Just how fit are we, anyway? **State Survey Reveals Good News and Bad**

The first-ever state report describing the physical activity, cardiovascular strength, and muscular strength of adults and youth in Washington presents a good news, bad news story. In the good column, Washington adults are more likely to be active during their leisure time compared to adults in the rest of the nation. In the bad column, the report estimates that only 26% of Washingtonians meet the national guidelines for moderate physical activity during leisure time.

Physical Activity in Washington State, recently issued by the Department of Health, also estimates specific health problems and health care costs that result from leading a sedentary lifestyle. The costs are high. In 1998, too little physical activity was responsible for about 1,270 deaths, 6,000 hospital admissions, and \$84.5 million in hospital charges in Washington.

Survey Scope

The primary source of data on the physical activity patterns of adults in Washington State is the Behavioral Risk Factor Surveillance System (BRFSS). This annual survey is managed by the Center for Health Statistics, Washington State Department of Health (DOH) and funded by the national Centers for Disease Control and Prevention (CDC) and the Department of Health. The CDC supports BRFSS in 53 states and territories. These surveys allow national comparison data on selected health behaviors and health-related issues. DOH has conducted an annual BRFSS survey since 1987. Questions about physical activity were included annually from 1989 through 1992 and every other year thereafter.

Physical activity reduces a person's risk of heart disease, elevated blood pressure,

diabetes, colon cancer, and depression. Physical activity can also help reduce weight and slow the development of osteoporosis.

Unfortunately, most Washington adults remain oblivious to the 1996 national guidelines recommended by the Surgeon General. Only 9% of the state's adults realize that 30 minutes or more of moderate physical activity, at least five days a week, is necessary for maintaining good health. Some find it difficult to devote a full half-hour at a time to physical activity. The DOH report stresses that shorter, 10-minute spurts of walking, swimming, leaf raking, or similar activities also produce health benefits. It notes that activities that fit neatly into a daily routine,

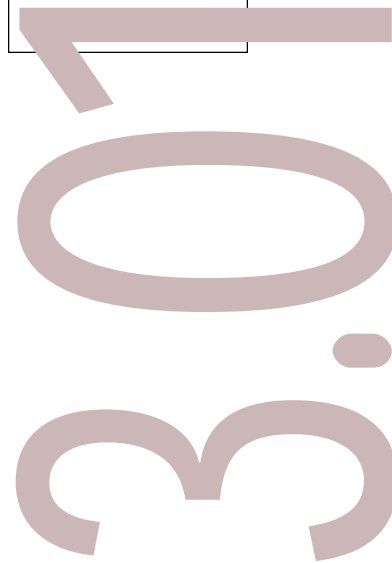
Continued page 2

Task Force Aims to Increase Colorectal Cancer Screening

Low rates of screening for colorectal cancer are a significant public health concern in Washington. About 1,000 state residents die of colorectal cancer each year, even though early diagnosis through screening could prevent much of this mortality. Colorectal cancer is common in older adults, but fewer than 40% of Washingtonians meet the guidelines for screening recommended by the National Cancer Institute or the American Cancer Society (Table 1, page 4). In comparison, more than 70% of Washington women over age 40 have had a mammogram within the last two years.

Colorectal cancer screening tests, including fecal occult blood testing (FOBT), sigmoidoscopy, and colonoscopy, are highly effective. Regular screening can detect cancer in early, more treatable stages, and

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Fitness Survey *(from page 1)*

for example, vigorously mopping the kitchen floor, refinishing furniture, vacuuming to dance music, and roller skating with your children can produce genuine health benefits.

Most people can achieve the goal of meeting the recommendations for moderate physical activity. Doing more, such as meeting the recommendations for cardiovascular fitness, is even better for a person's health. The recommendations for cardiovascular fitness are to get vigorous physical activity that makes you breathe hard or sweat 20–60 minutes per day, three to five days a week. However, according to the 1998 BRFSS, only about 15% of Washington's population meet the recommendations for cardiovascular fitness. This percentage has not varied significantly since 1987 when the BRFSS first collected information on physical activity patterns.

Another measure of health and fitness is muscular strength. A lack of muscular strength can result in falls and an inability to live independently for the elderly. The American College of Sports Medicine exercise recommendations for muscular strength are to do 8–10 different exercises of major muscle groups, with 8–12 repetitions for each exercise, two to three days each week. The report estimates that only 32% of men and 27% of women do exercises to improve muscle strength and tone.

Addressing the Dearth of Fitness Programs

Few programs to promote physical activity are available in Washington, yet many local agencies are interested in addressing this risk factor. The 1999 Chronic Disease Prevention/Risk Reduction and Nutrition Survey of 65 local health jurisdictions and community agencies in Washington revealed that only 20 had physical activity promotion activities, while 39 were interested.

To address these needs the DOH is working to develop a Physical Activity and Nutrition Section with designated staff and funding. DOH will use the information from the report to pursue external funding. DOH will continue to: (1) provide funding to three local health jurisdictions from the Preventive Health and Health Services (PHHS) Block Grant to promote physical activity; (2) participate in the Washington

If we all were moderately active on a daily basis, we'd be so much healthier — as individuals, and as a population.

Maxine Hayes, MD, MPH
State Health Officer

For More Information:

To receive a copy of *Physical Activity in Washington State*, contact: Filiz E. Satir, DOH Office of Communications, at 360-236-4078 or Charlotte Claybrooke, exercise physiologist, at 360-236-3623. For practical advice on improving fitness, visit the Web site of the Washington Coalition for Physical Activity at: <http://www.beactive.org>

Key Messages from the Report *Physical Activity in Washington*

The report stresses the three new messages about what most people call "exercise:"

- Regularity of activity is more important than intensity.
- Activity need not be limited to exercise sessions in the gym, but can instead be woven into an everyday routine.
- Each increase in activity brings some health benefit, in particular to people who are sedentary.

Coalition for Promoting Physical Activity; (3) monitor changes in physical activity behaviors; (4) update and disseminate best practices guidelines for physical activity interventions; (5) promote the message about the health benefits of moderate physical activity using the "Be Healthy. Be Active." campaign, which succeeded in increasing people's exercise intentions in two pilot communities last year; and (6) provide technical assistance. ♦

Measles Cases on the Rise This Year in Washington

Washington State is seeing an increase in cases of measles this year after several years of low rates. As of the end of February, 14 confirmed cases of measles had been reported including five adults. Twelve cases occurred in King County and one each in Island and Clark counties. Persons contagious with measles may have exposed others at schools, shopping malls, and other public areas.

Anyone born after 1956 who has not had documented measles should have received at least one dose of measles vaccine (MMR) at a year of age or older. A second dose of vaccine is recommended for school-aged children, college students, international travelers, and health care workers who lack documented serologic evidence of immunity.

Measles is highly contagious and may be transmitted in health care settings. Health care providers should assess the immunization status of their staff and their patients. Parents should check children's records.

Monthly Surveillance Data by County

February 2001* – Washington State Department of Health

| County | E. coli O157:H7 | Salmonella | Shigella | Hepatitis A | Hepatitis B | Non-A, Non-B Hepatitis | Meningococcal Disease | Pertussis | Tuberculosis | Chlamydia | Gonorrhea | AIDS | Pesticides† | Lead\$# |
|--------------|-----------------|------------|----------|-------------|-------------|------------------------|-----------------------|-----------|--------------|-----------|-----------|------|-------------|---------|
| Adams | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 2/82 |
| Asotin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0/0 |
| Benton | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 28 | 1 | 0 | 1 | 0/72 |
| Chelan | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 11 | 0 | 0 | 0 | 0/5 |
| Clallam | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 0/0 |
| Clark | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 59 | 10 | 0 | 0 | 0/# |
| Columbia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0/0 |
| Cowlitz | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 18 | 0 | 0 | 0 | 0/20 |
| Douglas | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0/# |
| Ferry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2/15 |
| Franklin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 0/# |
| Garfield | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0/0 |
| Grant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 4/57 |
| Grays Harbor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 11 | 1 | 1 | 0 | 0/0 |
| Island | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 1 | 0 | 0 | 0/6 |
| Jefferson | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1/# |
| King | 0 | 19 | 8 | 1 | 0 | 1 | 2 | 0 | 2 | 294 | 106 | 38 | 0 | 1/32 |
| Kitsap | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 11 | 0 | 0 | 0/6 |
| Kittitas | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 | 0 | 0 | 0 | 0/# |
| Klickitat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0/# |
| Lewis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 8 | 1 | 0 | 0 | 0/# |
| Lincoln | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0/# |
| Mason | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 8 | 0 | 0 | 0 | 0/# |
| Okanogan | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0/0 |
| Pacific | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0/# |
| Pend Oreille | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0/# |
| Pierce | 0 | 1 | 1 | 2 | 2 | 0 | 1 | 2 | 1 | 107 | 32 | 5 | 0 | 0/42 |
| San Juan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0/0 |
| Skagit | 0 | 0 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 0/5 |
| Skamania | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0/0 |
| Snohomish | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 98 | 10 | 0 | 0 | 1/19 |
| Spokane | 0 | 0 | 0 | 1 | 3 | 0 | 4 | 0 | 0 | 64 | 12 | 0 | 0 | 0/18 |
| Stevens | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0/0 |
| Thurston | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 45 | 2 | 0 | 0 | 0/8 |
| Wahkiakum | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0/0 |
| Walla Walla | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 1/12 |
| Whatcom | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 16 | 1 | 1 | 0 | 0/8 |
| Whitman | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0/0 |
| Yakima | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 40 | 3 | 0 | 0 | 1/12 |
| Unknown | | | | | | | | | | | | | | 0/0 |

| | | | | | | | | | | | | | | |
|---------------|---|----|-----|----|----|---|----|----|----|------|-----|-----|----|--------|
| Current Month | 1 | 23 | 23 | 8 | 9 | 2 | 15 | 5 | 9 | 920 | 194 | 48 | 1 | 12/443 |
| February 2000 | 0 | 18 | 123 | 17 | 5 | 1 | 1 | 13 | 25 | 967 | 165 | 41 | 6 | 8/325 |
| 2001 to date | 3 | 28 | 34 | 9 | 12 | 2 | 18 | 8 | 17 | 2219 | 502 | 100 | 4 | 23/760 |
| 2000 to date | 1 | 23 | 126 | 19 | 5 | 2 | 3 | 13 | 31 | 1911 | 365 | 88 | 15 | 17/560 |

* Data are provisional based on reports received as of February 28, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

\$# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

For additional information on screening for colorectal cancer, visit the Washington State Department of Health Web site at: <http://www.doh.wa.gov/colorectal>

Colorectal Screening *(from page 1)*

also detect noncancerous growths in the colon or rectum that may become cancerous if left untreated.

The Department of Health has organized a statewide task force to increase colorectal cancer screening rates. Members represent nonprofit organizations, colorectal cancer survivors, senior centers, local health jurisdictions, health insurance companies, professional associations, hospitals, and the State Department of Health.

The task force has identified five priority areas through which to address screening rates: (1) needs assessment, including barriers to screening, physician barriers to recommending screening, and the capacity of the state to perform an increased number of screening tests; (2) increasing public awareness of screening recommendations; (3) increasing the number of insurance

companies that cover colorectal cancer screening tests; (4) provider education; and (5) public health education. The task force is gathering assessment data and is researching effective and feasible activities to address each of the top five priorities and strategies used by other states to increase colorectal cancer screening rates.

As its first step in educational outreach, the task force recommends that health care providers talk with their patients older than 50 to ensure they get an appropriate screening test. Additionally, the Department of Health is offering patient education posters from the Centers for Disease Control and Prevention. They address the importance of colorectal cancer screening and Medicare coverage of screening tests. For additional information or to request free posters, please contact Lauren Jenks at 360-236-3644 or lauren.jenks@doh.wa.gov, or visit the DOH Web site (see WWW Access Tips).

Table 1: Screening rates for colorectal cancer in Washington State

| Screening Test | Percent of Men by Age | | | Percent of Women by Age | | |
|-------------------------|-----------------------|-----|-------|-------------------------|-----|-------|
| | 50-65 | 65+ | Total | 50-65 | 65+ | Total |
| Fecal occult blood test | | | | | | |
| Ever had | 42 | 56 | 48 | 51 | 66 | 58 |
| In last 1-2 years | 30 | 34 | 32 | 36 | 42 | 39 |
| Sigmoidoscopy | | | | | | |
| Ever had | 49 | 60 | 54 | 44 | 53 | 48 |
| In last 5 years | 39 | 47 | 42 | 31 | 36 | 33 |

SOURCE: Washington State Behavioral Risk Factor Surveillance System, 1999

Calendar

APIC 2001 — Annual conference of the Association for Professionals in Infection Control and Epidemiology

June 8-13, Seattle

Conference topics include ambulatory care, home health care, international health, and risk management. Preconference workshops include a bioterrorism tabletop drill, outbreak investigation, and infection control topics. Visit the APIC Web page at <http://www.apic.org> for further information and to register online.

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U.S. Postage
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Washington State
Dept. of Printing

ePTRENDS
P.O. Box 47812
Olympia, WA 98504-7812



ePTRENDS
is published monthly by
the Washington State
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